

Time Sensitive Information

Due to the publication cycle of this *Newsletter*, it is time to remind pharmacists that all "even-numbered" licenses (and a very few odd-numbered licenses) will be renewing in October. Two items related to the October renewal that may impact those who will be renewing: do not forget continuing education, for most pharmacists renewing their licenses, 30 contact hours or 3.0 CEUs including three contact hours or 0.3 CEUs of "pharmacy law," must be completed prior to November 1, 2002. Also the biennial renewal fee for pharmacists has increased to \$145. This is the first increase in 12 years. Even with the increase it is less than 20 cents a day to maintain a license, not really an economic hardship in today's economy. And as a reminder, the Arizona State Board of Pharmacy randomly audits pharmacists for compliance with the continuation education requirements at the time of, or just following, license renewal.

In addition to the increase in pharmacist licenses (the person), the pharmacy permit (the place) renewal has also increased. The biennial fee for a pharmacy permit is now \$400. Calculating the per day cost of maintaining a pharmacy permit at the rate of \$400 per biennium, a pharmacy permit is less than 55 cents a day, which is not a lot of money in today's economy.

The Board staff is working with the National Association of Boards of Pharmacy® in an effort to initiate an "online" license and permit renewal this year. If we are successful in meeting our deadlines for this project, pharmacists and permit holders will receive a renewal notice that offers an option to renew "online." Renewing "online" will be an option. Renewing through the mail, as previously done, will also be an option. For those that prefer to renew "online," there will be a small service fee added to the basic renewal fee. The service fee will not accrue to the Board of Pharmacy, rather it will accrue to the fee processor. In some ways it is similar to a prescription adjudication fee that is paid by the pharmacy when submitting a third-party pay prescription for reimbursement authorization, there is a fee paid by the pharmacy for the service performed.

Again, due to the time frame of writing and submitting this document for publication, the details are not yet finalized. We respectfully request that you **not** call the Board office to discuss this possibility, rather that you wait to receive your renewal notice, read it carefully, and only then call the office if you still have questions. Our intent is to make license/permit renewal as painless and user-friendly as possible. Obviously, we welcome any constructive comments, at the same time we trust that folks will be reasonably tolerant and forgiving, if by chance we have a less than stellar day. I hasten to acknowledge that in the past licensees have been very understanding and we appreciate your indulgence.

Statutes and Administrative Rules

The legislature has passed and the governor has signed the changes to the Arizona Uniform Controlled Substances Act requested by the Board of Pharmacy. Most notably, "dichloralphenazone" (an ingredient in Midrin and similar products) has been added to Schedule IV in the Arizona Uniform Controlled Substances Act to comply with changes to the federal controlled substances scheduling that took place in the fall of 2001. The bill (SB1036) also makes it a class 4 felony in Arizona to obtain or attempt to obtain a controlled substance pursuant to a prescription that is forged, altered, or acquired by deception; it gives specific authority to the Board of Pharmacy to share information relating to possible criminal activity involving a controlled substance prescription, with a law enforcement agency. The Board and staff encourage pharmacists to carefully scrutinize all controlled substance prescriptions, including telephone prescriptions, and report suspect orders to the Board of Pharmacy or your local law enforcement agency. If you encounter a suspicious controlled substance prescription, make notes relating to the description of the "patient" or to the mannerisms of someone calling a prescription to a pharmacy. Remember, the Federal Controlled Substance Regulations impose a shared responsibility of proper prescribing and dispensing between the prescriber and the pharmacist. Be a prudent pharmacist and a good citizen, report any suspicious controlled substance activity as soon as possible.

Administrative Rules – Rules implementing the "Drug Therapy Management" statute, also improperly called the collaborative practice statute, have been submitted to the Governor's Regulatory Review Council, or GRRC. The review by GRRC staff, submission for approval, and the final GRRC vote is likely to take several months. Other changes awaiting GRRC approval include long-term care pharmacy, hospital pharmacy, and sterile products rules. Readers are encouraged to visit the Board of Pharmacy Web site at www.pharmacy.state.az.us for complete text of these proposed rules as well as existing rules and statutes. Simply click on the appropriate topic or link. The Web site is a fantastic resource that includes federal laws/regulations, Board of Pharmacy minutes, proposals and advisories, as well as information from the University of Arizona College of Pharmacy and the Midwestern University College of Pharmacy-Glendale. Don't be a "dweeb," check the "Web!"

Prescription Compounding – R4-23-410 "Current Good Compounding Practices," this Board of Pharmacy rule (regulation) includes "practice standards" applicable to prescription compounding. Recently, the Board discussed at length the popular practice of flavoring oral prescriptions to improve patient com-

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pliance. The Board recognizes that, done properly and with the knowledge and permission of both the prescriber and the patient (or patient's agent), flavoring an oral prescription can improve patient compliance. It is important that pharmacists understand that flavoring an oral medication by altering the original flavor is in fact **compounding**. Compounding a prescription does provide opportunities for the pharmacist to exercise "secundum artem," the art of the apothecary or in contemporary terms, "good compounding practices." Good compounding practices are addressed in both the US Pharmacopeia and in the Board of Pharmacy Administrative Rules. From these rules it is clear that a pharmacist is obligated to compound a prescription exactly as the prescriber indicated. Therefore if a change is made, it is incumbent on the pharmacist to first, advise the prescriber and then counsel with the patient or patient's agent relevant to the change. Regulations require the pharmacist to select quality ingredients when compounding; standards include the following terms: "meet official compendium requirements," "of high quality," "chemically pure," and "Food and Drug Administration approved." These are not suggestions, but mandates. If a compliance officer asked you to confirm that ingredients you use in compounding comply with the regulations, would you be you prepared? Board of Pharmacy compliance officers have encountered compounding ingredients that not only fail to meet these standards, they in fact are "unapproved." There are additional legal considerations impacting a compounded prescription, ie, altering a previously manufactured prescription drug is adulteration, possibly misbranding and mislabeling. Violating regulations, statutes, and practice standards subjects the pharmacist to possible disciplinary action. The Board of Pharmacy supports pharmacist compounding. The Board also protects the public. For your patients and for your protection, use your professional judgment, your formal education, and some old fashioned common sense when compounding/altering a prescription. Know that you are in compliance before you agree to compound.

Reminder

Board of Pharmacy compliance officers report they are finding numerous "relief pharmacists" who do not have "relief certificates" posted in the pharmacy where they are practicing. If you are a "floating pharmacist" you must post either your full size wall certificate and a current renewal certificate or a duplicate certificate (available from the Board office) in the pharmacy where you are practicing. Compliance officers are being instructed to issue violation notices to "floating pharmacists" who do not have their license conspicuously posted in their place of practice.

Disciplinary/Reinstatement Actions

Board of Pharmacy

Steven Genrich, Rph #**7861** – unprofessional conduct, \$1,000 fine and one year probation.

ESI Mail Service Inc dba Express Scripts, #Y03221 – failure to comply with limited-service mail service administrative rules; \$2,000 fine plus additional pharmacy compliance audits at company expense.

Mark Forster, RPh #9865 – based on action taken in another state: five-year suspension.

Albertson's #P04417 – repeated violations of out-dated over-the-counter items for sale to public: permit fined \$8,900, placed on probation for one year.

Fry's Food & Drug #P8552 – repeated violations of out-dated over-the-counter items for sale to public: permit fined \$510, placed on probation for one year.

Patrick A. Sharp, RPh #6155 – dispensed prescription-only drugs without prescription, multiple counts: five-year probation, not be pharmacist-in-charge or preceptor during probation, pay \$8,000 fine.

Board of Medical Examiners

Bruce C. Hunter, MD # 24075 – effective March 6, 2002, not prescribe CII or III for a period of one year.

Board of Osteopathic Examiners

Dale Wheeland, DO # **2018** – effective January 19, 2002, probation is terminated, license reinstated without restrictions.

Notice – Before making a prescription dispensing decision pursuant to information reported in this issue, you are advised to verify the current condition of a license with the appropriate licensing agency.

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